

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			3-12-00
FORMALITY REVIEW		6500	4-18
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/1/00
2	✓	✓	3/16/01
3	✓	✓	11/9/01
4	✓	✓	11/11/01
5	✓	✓	11/11/01
6	✓	✓	11/11/01
7	✓	✓	11/11/01
8	✓	✓	11/11/01
9	✓	✓	11/11/01
10	✓	✓	11/11/01
11	✓	✓	11/11/01
12	✓	✓	11/11/01
13	✓	✓	11/11/01
14	✓	✓	11/11/01
15	✓	✓	11/11/01
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29	✓	✓	11/11/01
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45	✓	✓	11/11/01
46	✓	✓	11/11/01
47	✓	✓	11/11/01
48	✓	✓	11/11/01
49	✓	✓	11/11/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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